

Study of Working Hours of Indonesian Civil Servant Doctors in Relation to the Rule of Three Licenses for Practice and Labor Law

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Abstract

There are no specific rules about doctors' working hours in Indonesia, it causes working hours of Indonesian doctors to be excessive. Following the rules of the labor law that the maximum work of a worker is 40 hours a week. However, with the applicable 3 Licenses For Practice rules, the doctor's work hours will be more than 40 hours a week. It was to examine whether the working hours of Indonesian Civil Servant doctors are rational. Based on Law No. 13 of 2003 about Manpower article 77 paragraph (2), the maximum working hours of a worker is 40 hours. In reality, with the 3 Licenses For Practice rules, if it was calculated, the working hours of civil servant of doctors in Indonesia was very excessive. In other countries, there were already standard rules. Doctors work 40 hours a week or a maximum of 80 hours a week. Therefore, it needed to be studied further, whether the 3 Licenses For Practice policy had provided a solution or had actually aggravated the condition of a civil servant doctor. The monopoly discourse of a doctor needed to be balanced with an increase in the services or incentives of a civil servant doctor. With the rule of three Licenses For Practice, the working hours of civil servant doctors in Indonesia became excessive.

Keywords: Working Hours, Civil Servant Doctor, Three Licenses For Practice, Employment.

Introduction

Doctors as health service providers currently have a unique position. On the one hand, civil servant doctors who are enshrined in the Civil State Apparatus Law, it can become employees or workers who are bound by the Manpower Act. Then, doctors can also become business actors for themselves, if they

carry out individual practices which are bound by the Law. Medical practice. In Indonesia, there are no specific rules about the working hours of civil servant doctors. The rules about this matter refer to Article 77 Paragraph (2) of Law no. 13 of 2003 about Manpower. The paragraph stipulates that the maximum working hours of a worker is seven hours one day (for six working days in one week) or eight hours one day (for five working days per week). However, the reality is that doctors often work longer hours than this rule. This happens because of the regulation that doctors can have a license for practice in three places as stated in the Regulation of the Minister of Health of the Republic of Indonesia Number 2052/MENKES/PER/X/2011 concerning License For Practice and

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Implementation of Medical Practice. The regulation is actually an effort to improve doctor services (which is done by limiting the places where doctors practice), but according to the author, this limitation can still trigger problems. For example, a Regional Hospital requires civil servant doctors to work 40 hours at the site in accordance with the Manpower Act and the Civil State Apparatus Law. If the civil servant doctor is still working in two other places, of course, the workload will far exceed the rules. Then, this is quite a dilemma considering that the imposition of a maximum limit of three licenses for practice is actually enough to trigger polemics among doctors. Doctor's working hours and location of practice actually affect the doctor's overall income, so if these restrictions are not implemented carefully, it can reduce the level of doctor's welfare.

The explanation above is related to the issue that Indonesia still lacks of doctors. According to data from the Indonesian Medical Council, the ratio of doctors to Indonesians per 2014 was 1 doctor for 2,358 residents; higher than the ideal ratio standardized by WHO, which was 1:1,000. This number is still far less than the number of doctors in developed countries.

Besides, the uneven distribution of doctors in Indonesia also contributes to the high workload of doctors. The ratio of doctors to patients in Indonesia which is at least above the WHO standard, it should make the workload of doctors evenly distributed. However, in reality, these doctors are concentrated in certain areas. This surely makes the burden on doctors in other areas heavier, so they have to work longer hours than they should.

Some studies had shown that the long working hours of doctors had an effect on their performance in dealing with patients. This was because the stress and fatigue of doctors could increase their error rate for losing focus. The study conducted by Lockley et al showed that residents (doctors who took specialist courses) who worked 24 hours in a row had a high

risk in various aspects: higher rates of medical treatment errors, patient misdiagnosis, to a higher risk of accidents while on the way back home after work. The study also showed that the workload reduced the performance of the residents to the level of those with a blood alcohol level of 0.05 to 0.10%.¹ Entrusting the health of someone with such a condition would of course be a cause for concern. Health services should be provided as well as possible considering that this field deals with a person's life. The ability which is not maximally deployed by the doctor will certainly have an effect on the patient's health, so it is better to consider steps to improve this.

Limitation the practice to only three places is a good start. However, according to the illustration above, these restrictions are not sufficient to reduce the workload of doctors. Taking a license for practice is actually the decision of every doctor; some doctors practice in three places, while others limit themselves to only practicing in one place. One of the considerations in this decision is the income that the doctor can earn. Monoloyalty to one practice must be accompanied by adequate income for the doctor. For maximum service, it is better if the working hours of doctors are limited in accordance with the Manpower Act; which is forty hours a week throughout the practice. The limitation of working hours in the Manpower Act is in accordance with the rules of the International Labor Organization (ILO) which accommodates the interests of world workers. If workers work maximally during that time, how can a doctor who incidentally deals with human life be required to work longer than that.

Problem Formulation

Based on the description of the background above, the authors took the formulation of the problem as follows:

1. Are the working hours of civil servant doctors

in Indonesia in accordance with the provisions of the Manpower Act?

2. Is the three licenses for practice policy correct or does it increase the working hours of doctors in Indonesia?

Method

The research method applied in this study was the conceptual method and the comparative method.

Discussion

Doctors as Civil Servant

Based on Law Number 5 of 2014 about State Civil Apparatus in Article 1 point 3, it is meant by Civil Servants (abbreviated as PNS) are Indonesian citizens who meet certain requirements, are appointed as State Civil Apparatus Employees on a permanent basis by the staffing officerto occupy government positions.²Civil Servants play a role as one of the driving forces for the wheels of the government where their position is as Servant of the Community, Civil Servant and Civil Apparatus Employees in carrying out the system of government and development in the context of National goals. Civil Servants are different from the State Civil Apparatus, Civil Servants are one of the State Civil Apparatuses where these Civil Servants are appointed as permanent employees, and they have an Employee Identification Number (abbreviated as NIP).³

Based on the Decree of the Minister for Empowerment of State Apparatus No. 139/Kep/M. Pan/11/2003 Chapter VIII about Terms of Appointment in Position, it is stated that the requirements that should be met to become a Civil Servant doctor are as follows:

1. Certified Doctor;

2. The lowest rank is Tk. I Young Arranger in room III/b class;

3. Each element of the work implementation assessment in the DP3 has at least a good value in the last 1 (one) year.

The working conditions of civil servant doctors can be viewed from the doctor's workplace environment, completeness of facilities, and infrastructure at work, work comfort and safety and workload. As mentioned by the Secretary of the Irrigation Service, Budianto explained that there are still many employees who do not comply with the provisions of working hours, and they do not come to work without information or without a permit. This is because there are still many employees who prioritize their interests, such as being outside and not being the duty of their superiors, and picking up their children from school.⁴ Therefore, work discipline is a very important foundation that should be owned by civil servant (abbreviated as PNS) because it involves the provision of public services.

Explanation of PP No. 53 of 2010 about Civil Servant Discipline does not regulate working hours, but it only mentions the obligations of Civil Servants. It is only stated "going to work and obeying working hours is that every civil servant is obliged to come, carry out duties and go home according to the provisions of working hours and not in public places not because of the service."

Presidential Decree Articles 1 and 2 Number 68 of 1995 about Working Days in Government Institutions states that the number of effective working days in five working days is 37.5 hours which is partly determined as follows:

1. Monday to Thursday: 07.30 – 16.00. Break time: 12.00 – 13.00.

2. Friday: 07.30 – 16.30. Break time: 11.30 – 13.00

Regulation of Indonesian Civil Servant Doctor Working Hours

Based on Decree of the Health Minister No. 81 of 2004, guidelines for the preparation of health human resource planning have been established at the provincial, district/city and hospital levels. In the policy, the steps for determining workload standards are stated.⁵The standard workload is determined based on the available working hours owned by each HR divided by the time needed to complete main activities. The available working hours is obtained from the number of working days during the year minus the entitlement to annual leave (12 days), education and training (6 days), national holidays, absence from work, multiplied by the working time per day.

Regulating dan determining doctors' working hours, there are values which should be considered in making decisions. These values are contained in the Indonesian Medical Code of Ethics (abbreviated as KODEKI), and they are specifically stated in Article 2 about Standards of Good Medical Service and Article 13 about Cooperation. In both articles, doctors are more emphasized to maintain professional behavior in making decisions in the best interest and patient safety, both in individual work and in collaboration with colleagues or other parties.⁶

The reason for the long working hours of doctors is undeniable because of the high workload. Based on data from the Health Ministry, the ratio of doctors to the Indonesian population in 2014 was 1:2358, which was still far from the WHO ideal limit of 1:1000.⁷In addition, the concentration of doctors in big cities in Indonesia, causing the workload of doctors in the regions to be bigger, so doctors have to work longer hours. As a result, a lot of fatigue affects concentration and the ability to complete tasks, so it becomes the root cause of mistakes made by doctors. Hereby, it is important to keep the doctor's work environment healthy and free from conditions that force doctors to work in an unhealthy work environment.

According to Colligan and Higgins, there are several factors that contribute to stress in the workplace, they are an unhygienic work environment, excessive workload, isolated work area, excessive workload, role conflict, role ambiguity, lack of autonomy, career ambiguity, barriers to self-development, difficult relationships with supervisors or coworkers, bullying, harassment, and organizational climate.⁸The importance of ensuring patient safety and creating a healthy life for doctors has been carried out in various countries with restrictions on the number of working hours.

The law regarding employment was known as labor law which was translated from *arbeidsrechts* in the past. Labor law contains three elements, they were:⁹

1. There were regulations,
2. Work for others, and
3. Salary

In Law No. 13 of 2003 about Manpower, it regulates the working hours of workers where this arrangement is immaterial which regulates working hours which affects and threatens the security, occupational health, and welfare of workers in carrying out their work. As mentioned above, the regulation regulates working hours, length of working hours, proper and safe work places for human dignity in the company as well as rest periods.¹⁰

In Indonesia, there is no regulation until now that specifically discusses the working hours of doctors, especially Civil Servant Doctors. The regulations related to working hours refer to Article 77 paragraphs (1) and (2) of the Job Creation Law No.11/2020 which requires every entrepreneur to implement the provisions of working hours. The provisions of this working hour have been regulated in 2 systems, as follows:¹¹

- The working time of 6 (six) working days in one week is 7 (seven) hours in one day and 40 (forty) hours in one week.

- Working time for 5 (five) hours in one week is 8 (eight) hours in one day and 40 (forty) hours in one week.

The working hours provisions above only regulate the working hours limit for 7 or 8 hours a day and 40 hours a week and it does not regulate when the working hours starts and ends. What is normally spent working is 6-8 hours a day and the remaining 16-18 hours is used for family and other activities outside of work.¹² Produktivitas kerjadiketahui akan menu runsetelah menjalani 4 jam bekerja.

Doctors in carrying out their profession are covered by the Medical Practice Act (Law No. 29 of 2004).¹³ Doctors are obliged to follow the standards of his profession and standard operating procedures which apply. This standard operating procedure is fully measurable and therefore every medical action/procedure can be estimated in time. The time to carry out his profession follows the general rule, 40 hours per week, and it takes into account the limitations of a human being. Therefore, it is impossible for a doctor to continuously work for 24 hours without a break because it will have an impact on patient safety. Working as a doctor is a professional job which requires physical, mental work, and it makes decisions (Judgment) in a fast time which sometimes involves death / life / disability which often causes a stress burden.¹⁴

Doctors are categorized in certain occupational sectors. Article 77 paragraph 3 of the Manpower Law explains that the provisions on working hours in accordance with the Manpower Law does not apply to certain business sectors or occupations. In Paragraph 4, it is said that the provisions on working hours in certain business sectors or jobs will be regulated

by a ministerial decision. However, until now there has been no decision from the Minister of Health to regulate the working hours of doctors. It can be said that there is a norm vacuum.

The working hours regulation adopted in the UK since 1998 and modified in 2009 is the European Working Time Directive (EWTD) which prevents employers from requiring their workers to excessively work long hours, which has implications for health and safety. The EWTD includes a doctor's working hours for 48 hours a week, 8 working hours a day, with a rest period of 11 hours a day, 1 day off a week, the right to a minimum of 20 minutes of rest where the working day is more than 6 hours, and requirements for employers to keep a record of hours worked. Where this has been implemented since 1998.¹⁵

As of 1 August 2004, junior doctors in the National Health Service (NHS) and other healthcare systems across Europe would no longer be exempt from the provisions of the European Working Hours Directive.¹⁶ Working hours were then limited by law, initially 58 hours a week and in 2009 to 48 hours. This would demand greater changes to NHS for better working conditions for junior hospital doctors.

It was initially assumed that the definition of work would be similar to that of the 1991 "new agreement" on working hours for junior doctors.¹⁷ This agreement limited the working hours of junior doctors in the UK to 72 hours on duty and 56 hours of actual work. Actual working hours were defined as time spent performing postal duties, such as receiving patients, conducting investigations, providing care, but it did not include time spent resting in the hospital or elsewhere. However, a recent European Court decision had redefined work as all time spent on duty at work.¹⁸ Thus, for junior doctors in the United Kingdom, the maximum average time spent in hospital was 56 hours per week — a 19% reduction from the current 72 hours.

Based on research conducted by Joyce et al suggest that doctors in Australia spend an average of under 7 hours per week, or 16% of their working hours, on non-clinical activities (education, administration and management). In this study, physicians who were only in public hospitals spent an average of 15.6% of their time on non-clinical activities. This figure appeared to be below the average according to several professional bodies, including the Australian Medical Association (30% benchmark for non-clinical activities) and the Victorian Department of Health (20% for nonclinical activities).¹⁹ A study published by the Singapore Medical Journal this year nearly surveyed 500 doctors. Where the average junior doctor had to work 12 to 17 hours every day on weekdays, and up to 10 hours on weekends. While on night duty you had to continuously work 30 to 36 hours, plus the usual long working hours.²⁰

THE THREE LICENSES FOR PRACTICE POLICY IN THE WORKING RULES FOR DOCTORS

In Law Number 44 of 2009 Article 37 in conjunction with Article 4 of the Health Minister Regulation No. 2052 of 2011 article 4 it is stated that:²¹

(1) Doctor and Dentist license for practice is given for a maximum of 3 (three) practice places, both in government-owned, private and individual health service facilities”

(2) 3 (three) licenses for practice places as referred to in paragraph (1) may be in the same regency/city or different in the same province or other provinces.

As for the explanation in Law (UU) No. 29/2014 about Medical Practice (articles 36 and 37), it is emphasized that doctors can only practice in a maximum of three places. Additionally, it is stated that every doctor and dentist who practices medicine in Indonesia is required to have a practice license.

Furthermore, in paragraph 2, a doctor's or dentist's practice license as referred to in paragraph 1 is only given a maximum of 3 places. Then, in paragraph 3, one Licenses For Practice is only valid for 1 practice place.

The document that guarantees the legality of a medical practice is a license for practice issued by the local Licensing Service. To get this license for practice, doctors must have a Registration Certificate (abbreviated as STR) from the Medical Council. Meanwhile, the Medical Council only issued 3 STRs. This means that a doctor can only practice in 3 places according to the number of STR.

Based on this policy, many hospitals, especially Government Hospitals implement a monoloyalty system which means that doctors at the hospital are only allowed to practice medicine at the hospital. Thus, doctors can only have 1 practice location in accordance with the work agreement between the hospital and the doctor. The usual procedure for mono-loyalty is that if a doctor wants to open or do other practices outside the hospital, the doctor must ask permission from the hospital as the first practice place. However, in practice, if the recommendation letter from the hospital concerned does not come down, then the doctor will wait until the letter can be dropped to continue the management of the next license for practice and the doctor cannot practice before the license for practice is issued. This is very detrimental to doctors, because the doctor's STR is only valid for 5 years. After 5 years the doctor must renew his STR to the Indonesian Medical College (KKI) with conditions that are quite strict so that the doctor is only faced with 2 choices, which is to face the monoloyalty system and practice according to the wishes of the hospital or even resign.

This monoloyalty policy is contrary to Law no. 29 of 2004 in article 37 paragraph 2 point 2 where it has been explained that the government in this case

the authorized health official at the district or city level gives a maximum of 3 Licenses For Practice where 1 permit is valid for 1 practice place. It can be concluded that a doctor actually has the right to get 3 practice licenses. The Mono-Loyalty System certainly limits the doctor's right to obtain a Practice License, so this system is basically not in accordance with the Medical Practice Act. This Mono-loyalty system will be good if it is followed by the fulfillment of doctors' rights both from economic aspects such as incentives, benefits, facilities and employment aspects such as a good working environment.

It should be noted that policy makers themselves are concerned about the effectiveness of the duties and profession of doctors. This can be seen from the limitation of license for practice in the Medical Practice Act. However, in practice in the field, there are still many doctors who practice with more than 3 licenses for practice. Hereby, the government as a policy maker needs to provide a solution considering that on the one hand there are areas that do not have a decent number of doctors so that doctors have to work in more than 3 places, while on the other hand there are places that use a monoloyalty system which causes doctors to not get their rights to do so. earn a decent living. A study and a win-win solution are needed so that no party is harmed, considering that the purpose of the medical practice regulation itself is to ensure that doctors can carry out their professional duties to the maximum and that the community gets the best health services from the doctors on duty.

One significant step which is important to take is to enforce the 3 licenses for practice implementation system while still paying attention to the rights of doctors which have been neglected by the government, for example receiving timely incentives, implementing standardized medical services and distributing medical services according to standards. applicable regulation. Hospitals as employers have standard rules

in distribution, and it should have a service assessment system for doctors on duty. One of the impacts that can occur if the hospital does not provide satisfactory income, then there is a possibility that the doctor will move to another hospital (turnover).²² Turnover has a detrimental impact on the organization/hospital because it can hamper the effectiveness and efficiency of work which in turn will reduce the productivity level of the organization.²³

It can be concluded that the provision of financial incentives to medical personnel, in this case doctors which is important in health services. Hospitals have to draw a common line, how a doctor will be interested in working in the government sector and minimize the use of 3 licenses for practice in accordance with the provisions of the law. Changes and studies in the law require a long process, for that the implementation of the 3 licenses for practice policy should be in line with the welfare of the actors, they are general practitioners, dentists and specialists.

If we compare the income and incentives for Indonesian civil servant doctors with other countries which apply monoloyalty, the following results are obtained: Indonesian civil servant doctors based on position range from class IIIb-IIIc to IDR 2,688,500 – IDR 4,415,600, group IIIc-IIIc ranges from IDR 2,802,300 - IDR 4,797,000 per month, for class IVa - IVc IDR 3,044,300 - IDR 5,431,900 per month and for class IVd-IVe IDR 3,447,200 - IDR 5,901,200.²⁴ The work allowance for PNS doctors at the Ministry of Health based on the Regulation of the Health Minister Number 83 of 2013 revealed that the benefits obtained reached 100% of the basic salary. For a doctor who is married, he will get a wife allowance of 10% of the basic salary and a child allowance of 2% (maximum 2 children). For food allowance, civil servant doctors will get IDR 37,000 per day (maximum 22 days).²⁵ As stated in Presidential Regulation No. 54 of 2007 states that for class IIIb doctors the allowance is IDR

325,000, for class IIIc-III d doctors IDR 750,000, doctors for class IVa-IVc IDR 1,200,000 and for doctors class IVd – IVe IDR 1,400,000. So if the total salary that will be obtained by class IIIb civil servant doctors is around Rp. 3,013,500 – Rp. 4,740,600, doctors for class IIIc-III d are around Rp. 3,552,300 – Rp. 5,547,000, doctors for class IVa-IVc are around Rp. – IDR 6,631,900, while for class IVd-IVe doctors it ranges from IDR 4,847,200 – IDR 7,301,200. This means that the income earned by PNS doctors is still much different from that of doctors in other countries.

According to a compilation of the OECD (Organization for Economic Co-Operation and Development), the Swiss Federal Office of Public Health and the Doximity Report on Physician Compensation, from May 2020 data, doctors in Melbourne-Australia earn around AUD 249,000 per year (Rp 2,727,620,790) with the lowest income of around 91,200 AUD (Rp 999,031,900) to the highest of around 420,000 AUD (Rp 4,600,806,160). Doctors in the UK typically earn around GBP 317,000 per year (Rp 6,340,55,380). The lowest income ranged from 117,000 GBP (Rp 2,340,203,870) to the highest it reached 536,000 GBP (Rp 10,720,24,050). This annual income includes housing, transportation and other benefits tunjangan.²⁶

Meanwhile, if we look at the income of our neighboring countries, Singapore and Malaysia, the income of doctors in both countries is much higher than Indonesia. Doctors in Malaysia earn an average of 15,500 MYR per month (Rp 53,533,090) with the lowest income around 5,680 MYR (Rp 19,617,290) and the highest 26,100 MYR (Rp 90,142,820). Meanwhile in Singapore, the average income of a doctor is 19,900 SGD per month which is equivalent to Rp. 213,105,500, with the lowest income of 7,290 SGD (Rp 78,067,290) and the highest of 33,500 SGD (Rp 358,745,440). In both Malaysia and Singapore, this includes housing, transportation and other

benefits.^{27,28}

The disparity in the comparison of income obtained by Indonesian civil servant doctors with these countries is very significant. This needs to be a concern and consideration for the government to regulate the amount of income of Indonesian civil servant doctors to achieve an adequate measure of welfare.

Conclusion

Based on the description above, it can be concluded that: The working hours of doctors in Indonesia is still very high, exceeding the maximum time of 80 hours a week. The policy of the three licenses for practice issued needs to be re-examined, because it results in high working hours for a civil servant doctor. On the other hand, the existence of a monoloyalty system should be accompanied by an increase in the income and incentives of a doctor as well as the fulfillment of the rights of other doctors.

Suggestions

1. It is necessary to make special rules regarding the maximum work limit of an Indonesian civil servant doctor to fill in the empty norms.
2. It is necessary to review the three licenses for practice rules in more detail.
3. The need for equal distribution of PNS doctors in Indonesia.
4. There is a need to increase the number of PNS doctors in Indonesia.
5. The monoloyalty system is very well implemented but must be accompanied by adequate doctor income.

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